	PAIENI	Effe	ctive Octo			ION REC	DRI	·	10/	50	1229	34	
			SMALL ENTITY OTHER THAN TYPE OF SMALL ENTITY										
7	OTAL CLAIM	S						RATE	FEE	٦	RATE	FEE	
F	OR	·	NUMBE	A FILED	NUMBER EXTRA			BASIC F	<del></del>	) ) ) )		+	
T	OTAL CHARGE	ABLE CLAIMS	8 "	unus 20=	•			XS 9=	1	4		1	
IN	DEPENDENT (	CLAIMS .	4	H mmus 3 =		• /		X43=	1/2	OF		<del> </del>	
М	ULTIPLE DEPE	NDENT CLAIM	RESENT			П		A43#	142		X86=	<del> </del>	
-	I II mã differença la column 1 la loca the servicio							-145=		OR	-290=		
- 1	Il the difference in column 1 is less than zero: enter-0- in column 2								503	3OR	TOTAL		
	CLAIMS AS AMENDED - PART II							OTHER THAN SMALL ENTITY OR SMALL ENTITY					
_		(Column 1) CLABAS	· ·	(Colum	ER USLY	PRESENT EXTRA		JIMALL	ADDI	OR T	SMALL	ADDI	
AMENDMENT A	<u> </u>	REMAINING AFTER AMENDMENT		PREVIO PAID F				RATE	TIONAL		RATE	TIONAL	
Š	Total	· 8	Minus *	-20		<b>-</b> Ø		X\$ 9=	N	OR	XS18=		
AME	Independent			- 4		-8		X43= ·		OR	X86≠		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								111		+290=		
								+145=	+ +	OR	TOTAL		
(Column 1) (Column 2) (Column 3)								DDIT. FEE	-	los	ADDIT. FEE	<u> </u>	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID R	ST ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
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	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ŀ	+145=	-	OR-			
	, ,,									OR	+290=		
/	.1516	,			•		A	TOTAL DOTT, FEE	للتا	OR	TOTAL ADDIT. FEE		
<u>Y</u>	1014	(Column 1)		(Column		(Column 3)	_						
AMERICAN C		REMAINING AFTER AMENDMENT	·	PREVIOU PAID FO	R	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	.6	Minus	-20	2	-	Γ	X\$ 9=		OR	X\$18=		
	Independent	• 3	Minus	4		<del>,</del> ·	-	X43=			X86=		
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
. #	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=		
- H	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously: Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL DOIT, FEE		
. T	he 'Highest Numi	per Previously Paid	For (Total or	Independent	is the f	dghest number	tound	in the app	copriate box	en colu	mn 1.		
RU	PTO 475 \(\text{IRes} \tag{10}\)	Oliginary and age	<del></del>	<u> </u>		· · ·	· ·	·	ark Office, U.S	nen.	DTMENT OF	CONCEPTS	

Application or Docket Number